

Madigan Army Medical Center Referral Guidelines

Thyroid Nodules

Diagnosis/Definition

- Approximately 4-7% of the population has a palpable thyroid nodule found on physical examination.
- Due to the increase in neck imaging with various modalities, many non-palpable nodules are being discovered.
- Most thyroid nodules are benign and can be treated conservatively with suppression, observation or aspiration of simple cystic lesions.
- Thyroid nodules can be cystic, solid or mixed.
- Solid lesions are malignant in approximately 21% while cystic and mixed lesions are malignant in 7% and 12% respectively.

Initial Diagnosis and Management

- History: Thyroid nodules can be found in patients of any age. The age of the patient and the sex are relevant factors in determining risk of malignancy. The history should evaluate for symptoms of hypo or hyperthyroidism. Other important historical facts include voice changes, dysphagia, aspiration symptoms, cachexia, weight loss, prior history of radiation therapy, and failure of suppression therapy.
- Physical Examination: The physical exam should focus on the thyroid gland and the surrounding lymph nodes. The overall size and consistency of the gland as well as the number and size of the thyroid nodules should be evaluated. A thorough examination of the neck for evidence of cervical lymphadenopathy should be performed.
- Ancillary Tests: TSH and an ultrasound for non-palpable nodules.

Ongoing Management and Objectives

- Thyroid nodules require evaluation to determine the potential for malignancy.
- The nodules that are confirmed to be malignant or indeterminate lesions require surgical resection.

Indications for Specialty Care Referral

- All thyroid nodules with features concerning for malignancy require a thorough evaluation by specialty care clinic (Endocrinology Service, General Surgery Service, Otolaryngology-Head and Neck Surgery Service). These include: palpable nodules, nodules 1.0 cm or larger in size, nodules with ultrasound features concerning for malignancy, and nodules enlarging on serial ultrasound studies.
- Small thyroid nodules (<1.0 cm), incidentally noted on imaging studies for other problems, with benign features on ultrasound, may initially be observed with a follow up ultrasound in 4-6 months. If these nodules enlarge then the patient should be referred for subspecialty evaluation.
- Fine needle aspiration of thyroid nodules is the test of choice. This can be performed as an outpatient during the initial evaluation with sensitivities approaching 96%.

Criteria for Return to Primary Care

The patient will be followed by the respective specialty care clinic until the nodule has been treated surgically and the patient is recovered or until the nodule is determined to be benign.

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Referral Guidelines require review every three years.

Maintained by the Madigan Army Medical Center - Quality Services Division
Clinical Practice and Referral Guidelines Administrator